MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38301

1. PLACE OF DEATH

County .... Registration District No. **791** ... File No. ....

Township .... Primary Registration District No. ...... Registered No. **9946**

City *St. Louis, Mo* (No. *500 So. Kingshighway* St. .... Ward)

2. FULL NAME *Audrey Mae Cohn*

(a) Residence, No. *7231 Amherst* St., *12* Ward. *University City*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*	**4. COLOR OR RACE** *White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 1 '33*

7. AGE — YEARS: — MONTHS: *2* — DAYS: *16* — If LESS than 1 day, ... hrs. or ...... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Child*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

13. NAME *Jack A. Cohn* (FATHER)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

15. MAIDEN NAME *Marie Cohn* (MOTHER)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tyler, Texas*

17. INFORMANT *Mrs. Blum* (ADDRESS) *500 So. Kingshighway*

18. BURIAL, CREMATION, OR REMOVAL PLACE *B'nai Amoona* DATE *Nov. 19—* 19*33*

19. UNDERTAKER (ADDRESS) *H. B. Berger 4215 Mc Pherson Ave*

20. FILED *Nov 18 1933* *J. J. Biedeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11 - 17 - 19 33*

22. I HEREBY CERTIFY, That I attended deceased from *11 - 7 - 19 33* to *11 - 17 - 19 33*

I last saw h*ee* alive on *11 - 17 - 19 33* Death is said to have occurred on the date stated above, at *6 a.m.*

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea, acute,	*Sept 15*
otitis media, acute	*Oct. 15*
Mastoiditis, acute	*Nov. 1*

Other contributory causes of importance:

Name of operation *Mastoidectomy* Date of *11-8-33*

What test confirmed diagnosis? ...... Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ...... Date of injury ......, 19...

Where did injury occur? ...... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ......

Nature of injury ......

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ......

(Signed) *Ernest L. Glasscock* M.D.

(Address) *St. Louis Children's Hospital*